

COLORADO DEPARTMENT OF TRANSPORTATION
REGION 3 ANNUAL TRAINING PLAN

Please print or type

Instructions: This form should be completed by the supervisor and employee during the Performance Planning Process
Show specific training needed even if not found in the Region 3 Training Resource Guide
If both supervisor and employee agree no training is needed, please indicate
Forward to Region Training Coordinator when complete

Employee name	Employee Section/Branch	Employee Cost Center
Training requested and description (rank by priority)		Target completion date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Employee signature		Date
Supervisor signature		Date

For help completing form, contact the Region 3 Training Coordinator

CDOT Form #1289 3/01

Original: R3 Trg Coordinator
Cc: Supervisor/Employee